DIRECTORY

(2001)

OF

National Native Alcohol and Drug Abuse Program (NNADAP)

and

National Youth Solvent Abuse Program

TREATMENT CENTRES

TABLE OF CONTENTS

Table of Contents by Treatment Centre Types iii

Introduction v

Definitions and Terminology vi

Pacific Region

Carrier Sekani Family Services (Najeh Bayou) 1
Haisla Support and Recovery Centre 3
Ktunaxa / Kinbasket Wellness Center 5
Namgis Treatment Center 7
Nenqayni Treatment Center: Alcohol and Drug Program 9
Round Lake Treatment Center 11
North Wind Healing Centre (Treaty 8 Healing Center) 13
Tsow-Tun Le Lum Treatment Centre 15
Wilp Si' Satxw House of Purification 17
Nenqayni Treatment Center Society 19

Alberta Region

Beaver Lake Wah Pow Detox and Treatment Centre 21
Family Wellness Centre (Hobbema) 23
Kapown Treatment Centre 25
Mark Amy Centre for Healing Addiction 27
Stoney Adolescent Treatment Ranch 29
St. Paul's Treatment Centre 31
Tsuu T'ina Nation Healing Lodge 33
White Swan Treatment Centres 35

Saskatchewan Region

Athabasca Alcohol and Drug Project 37
Clearwater Dené Treatment Centre 39
Cree Nation Treatment Centre 41
Ekweskeet Healing Lodge 43
Mistahey Musqua Treatment Centre 45
New Dawn Valley Treatment Centre 47
Sakwatamo Lodge 49
Saulteaux Healing and Wellness Centre Inc. 51
Eagle's Path Youth Solvent Abuse Centre 53
White Buffalo Youth Inhalant Treatment Centre 55

Manitoba Region

Native Addiction Council of Manitoba 57
Nelson House Medicine Lodge 59
Peguis Al-Care Centre 61
Whiskey Jack Treatment Centre 63

Ontario Region

Anishnabie Naadmaagigamig Substance Abuse Centre 65
Dilico Child and Family Services 67
Migisi Alcohol and Drug Abuse Treatment Centre 69
Native Horizons Treatment Centre 71
Ngwaagan Gamig Recovery Centre Inc. 73
Oh Shki Be Te Ze Win, Inc. 75
Pedahbun Lodge Incorporated 77
Reverend Tommy Beardy Memorial and Wee. Che. He Wayo. Gamik 79
Sagashtawao Healing Lodge 81
Nimkee Nupi Gawagan Healing Centre 83
Ka-Na-Chi-Hih Solvent Abuse Treatment Centre 85

Quebec Region

Centre de réadaptation Kauauitshi Aranit (Malioténam) 87
Centre de réadaptation Wapan 89
Mawiomi Treatment Services 91
Onen'to: Kon Treatment Centre 93
Wanaki Centre 95
Walgwan Centre - First Nations Youth Rehabilitation Centre 97

Atlantic Region

Eagle's Nest Recovery House 99
Kingsclear First Nation Outpatient Program 101
Lone Eagle Long Term Treatment Centre 103
Mi'kmaw Lodge Treatment Centre 105
Rising Sun Rehabilitation Treatment Centre 107
Saputjivik (Care Centre) 109
Tobique Alcohol and Drug Treatment Centre 111
Charles J Andrew Restoration Centre 113

Treatment Centres by Types:

Solvent Abuse Treatment Centres:

A.	Nenqayni Treatment Centre Society	Pacific Region	19
B.	Eagle's Path Youth Solvent Abuse Centre	Saskatchewan Region	53
C.	White Buffalo Youth Inhalant Treatment Centre	Saskatchewan Region	55
E.	Whiskey Jack Treatment Centre	Manitoba Region	63
F.	Nimkee NupiGawagan Solvent Abuse Center	Ontario Region	83
G.	Ka-Na-Chi-Hih Solvent Abuse Treatment Centre	Ontario Region	85
H.	Walgwan - First Nations Youth Rehabilitation Centre	Quebec Region	97
I.	Charles J. Andrew Restoration Centre	Atlantic Region	113
J.	White Swan Centres	Alberta Region	35

Outpatient Treatment Centres:

1.	Athabasca Alcohol and Drug Abuse Program	Saskatchewan Region	37
2.	Saulteaux Healing and Wellness Centre Inc.	Saskatchewan Region	51
3.	Oh Shki Be Ma Te Ze Win Inc.	Ontario Region	75
4.	Kingsclear First Nation Outpatient Program	Atlantic Region	101

Day Program / Outpatient:

1.	Family Wellness Centre (Hobbema)	Alberta Region	23

Inpatient / Outpatient Treatment Centres:

1.	Haisla Support and Recovery Centre	Pacific Region	3
2.	Namgis Treatment Center	Pacific Region	7
3.	North Wind Healing Centre (Treaty 8 Healing Centre)	Pacific Region	13
4.	Wilp Si'Satxw	Pacific Region	17
5.	Beaver Lake Wah Pow Detox & Treatment Centre (Detoxification Service)	Alberta Region	21
6.	Tsuu T'ina Nation Spirit Healing Lodge	Alberta Region	33
7.	Ekweskeet Healing Lodge	Saskatchewan Region	43
8.	Mistahey Musqua Treatment Centre	Saskatchewan Region	45
9.	Native Addiction Council of Manitoba	Manitoba Region	57
10.	Peguis Al-Care Treatment Centre	Manitoba Region	61
11.	Anishnabie Naadmaagigamig Substance Abuse Treatment Centre	Ontario Region	69
12.	Dilico Ojibwa Treatment Centre	Ontario Region	67
13.	Ngwaagan Alcohol and Drug Treatment Center	Ontario Region	73
14.	Mawiomi Treatment Centre	Quebec Region	91
15.	Onen'to: Kon Treatment Centre	Quebec Region	93
16.	Wanaki Centre	Quebec Region	95
17.	Eagle's Nest Recovery House	Atlantic Region	99
18.	Lone Eagle Long Term Treatment Centre	Atlantic Region	103
19.	Mi'kmaw Treatment Centre	Atlantic Region	105
20.	Saputjivik (Care Centre)	Atlantic Region	109
21.	Tobique Alcohol and Drug Treatment Centre	Atlantic Region	111

Inpatient Treatment Centres:

1.	Ktunaxa / Kinbasket Wellness Centre	Pacific Region	5
2.	Nenqayni Treatment Center Youth and Family Inhalant	Pacific Region	9
3.	Round Lake Treatment Center	Pacific Region	11
4.	Tsow-Tun Le Lum Treatment Centre	Pacific Region	15
5.	Mark Amy Centre for Healing Addiction	Alberta Region	27
6.	St. Paul's Treatment Centre	Alberta Region	31
7.	Stoney Adolescent Treatment Ranch	Alberta Region	29
8.	Cree Nation Treatment Centre	Saskatchewan Region	41
9.	New Dawn Valley Centre	Saskatchewan Region	47
10.	Sakwatamo Lodge	Saskatchewan Region	51
11.	Nelson House Medicine Lodge	Manitoba Region	55
12.	Virginia Fontaine Memorial Centre	Manitoba Region	59
13.	Migisi Alcohol and Drug Abuse Treatment Centre	Ontario Region	69
14.	Native Horizons Treatment Centre	Ontario Region	71
15.	Pedahbun Lodge Incorporated	Ontario Region	77
16.	Sagashtawao Healing Lodge	Ontario Region	81
17.	Centre de réadaptation Kauauitshi Akanit (Malioténam)	Quebec Region	87
18.	Centre de réadaptation de Wapan	Quebec Region	89
19.	Rising Sun Rehabilitation Treatment Centre	Atlantic Region	107

Family Treatment Centres:

1.	Carrier Sekani Family Services	Pacific Region	1
2.	Native Addiction Council of Manitoba	Manitoba Region	57
3.	Reverend Tommy Beardy Memorial & Wee. Che. He Wayo. Gamik Family Treatment Centre	Ontario Region	79

Family / Outpatient Treatment Centre:

1.	Nenqayni Treatment Center	Pacific Region	9
3.	Family Wellness Centre (Hobbema)	Alberta Region	23

Treatment Centres Serving Youth

1.	Wilp Si' Satxw House of Purification	Pacific Region	17
3.	Stoney Adolescent Treatment Ranch	Alberta Region	29
4.	Athabasca Alcohol and Drug Project	Saskatchewan Region	37
5.	Saulteaux Healing and Wellness Centre Inc.	Saskatchewan Region	53
6.	Oh Shki Be Ma Te Ze Win. Inc	Ontario Region	75
7.	Mi'kmaw Treatment Centre	Atlantic Region	105

INTRODUCTION

First Nations and Inuit Health Branch (FNIHB) welcomes you to the 6th edition of the National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre Directory. It was developed in order to provide a document that summarizes basic information on all native In-patient treatment centres funded by NNADAP.

This year several more centres have email addresses and websites, for easy access to more detailed program information.

The following data was collected through phone questionnaires and given on a volunteer basis at the discretion of each individual treatment centre.

Included are some definitions and terminologies used to minimize confusion.

FNIHB hopes that you will find this directory to be useful. For direct questions concerning treatment centres, please contact the individual centres. For any suggestions, corrections or other questions, please contact Robin Dupuis, Program Officer in the NNADAP Section of FNIHB.

The Address is:

First Nations and Inuit Health Branch
Jeanne Mance Building
20th Floor
Postal Locator 1920A
Tunney's Pasture
Ottawa, Ontario
(613) 952-1377

Definitions and Terminology

Alcohol and Other Drug Education: Provision and discussion of factual information on alcohol (alcoholism, problem drinking) and drugs (addiction, drug abuse) through, for example, lectures, film or readings, in order to stimulate attitudinal and behavioural change.

Assessment: Systematic procedures for the identification of a client's major strengths and problem areas, culminating in a treatment plan and referral for assistance.

Case Management: A process involving on-going assessment of current strengths, weaknesses and needs, planning to identify services appropriate to the particular needs of the client. The process includes the continuos monitoring and evaluation of progress and interceding on behalf of the client to ensure that the treatment system responds equitably and effectively to the needs of the client.

Health Programs Support Division (HPSD): HPSD is responsible for national coordination of most community based health programs for First Nation and Inuit communities, including the National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Abuse Program.

Consultation with Professional: Relating with other professionals to assure comprehensive care for the client.

Crisis Intervention: Those services which respond to an alcohol and/or drug abuser's needs during acute emotional and/or physical distress.

Cultural Activities: Activities that are of a cultural nature.(i.e. sweat lodges, smudge ceremonies, elders, language, etc.)

Detoxification: Recovery from the toxic effects of a drug or substance by the removal of the toxic properties of that substance.

Dual Addiction:	A condition characterized by an overwhelming desire to continue taking drugs or substances to which one has become habituated through repeated consumption, usually accompanied by a compulsion to obtain the substances.
Follow-up:	A means of gathering data and information about the progress of clients in recovery. Follow-up gathers information about clients over a period of time and is used as a measure of the effectiveness and success of the program.
Aftercare:	The period of time that begins when a client leaves a formal treatment program and treatment professionals are no longer directly involved with the client on a regular basis for one-to-one and group counselling and therapy. The client assumes responsibility for their one recovery, hopefully with the help of their family, support groups and others.
Hallucinogens:	A substance that causes excitation of central nervous system, characterized by hallucinations, mood changes, anxiety, sensory distortion, delusion, depersonalization.
Individual and Group Counselling:	The utilization of special skills to assist individual, families or groups to achieve objectives through: exploration of a problem and its ramifications, examination of attitudes and feeling, consideration of alternative solutions, and decision making.
Intake Screening:	The process by which a client is determined appropriate and eligible for admission to a particular program.
Intake:	The administrative and initial assessment procedures for admission to a treatment program.
Interpretation Services:	Providing translation through an interpretation.
Lifeskills / Personal Development:	A series of activities that are taught to groups and individuals in order to enhance their social and personal skills.
Narcotics:	Pertaining to a substance, derived from the poppy seed opium, that produces insensibility or stupor, can alter perception of pain, induce euphoria, mood changes and mental clouding.

NNADAP: National Native Alcohol and Drug Abuse Program.

Orientation: Describe to the client the general nature and goals of the program, the rules governing client conduct, and infractions that can lead to disciplinary action or discharge from the program, treatment costs to be borne by the client, if any, and clients's rights.

Outpatient Services: Treatment provided on a non-residential basis, usually in regularly scheduled sessions (e.g., 1-2 hours per week).

Recreation Therapy: Something that is fun, active and rejuvenates a person. Something that is good for a person: has healing qualities, restores an individual to what he or she was before or what the individual wants to be.

Referral: The process of recommending a person to a treatment program after conducting an assessment of them. Following treatment, some treatment programs will recommend a course of action for follow-up and after-care to the referring agency.

Reports and Record Keeping: Charting the results of the assessment and treatment plan. Writing reports, progress notes, discharge summaries and other client-related data.

Solvents: Chemicals produced from petroleum products. They are volatile, evaporate quickly at room temperature, this characteristic makes them popular as a basefor products which need fast drying. Examples are: plastic cement, some glues (model air plane glue), cleaning fluids, spot removers, marking pens and typewriter correction fluid.

Solvent Use: The deliberate inhalation of the fumes of volatile organic solvents, volatile hydrocarbons found in aerosols, all of which have psychoactive properties.

Treatment Centre:
Carrier Sekani Family Services (Najeh Bayou)
1112 - 6 Avenue
Prince George, B.C. V2L 3M6

Director: **Donald Prince**
Phone: **(250) 562-3591**
Fax: **(250) 562-2272**

Vanderhoof Office: Addiction Recovery Program
240 West Stewart Street (P. O. Box 1219)
Vanderhoof, B.C. V0J 3A0

Phone: **(250) 567-2900**
Fax: **(250) 567-2975**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 14 Total Overall: 14

SPECIFIC NUMBER OF BEDS FOR:

Males	__ Yes	_X__ No	Co-ed program
Females	__ Yes	_X__ No	Co-ed program

LANGUAGES OFFERED

_X_ First Nation (Carrier) _X_ English ___ French

TARGET GROUP

___ 17 and under __ 18 and over _X_ No age limitations

TREATMENT CYCLE

_X__ Under 4 weeks ___ 4 weeks __ 6 weeks ___ Over 6 weeks

_X_ Other (Specify): 7 days

INTAKE FREQUENCY

___ Daily ___ Weekly _X_ Bi-weekly ___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate (on probation)
_X_ Youth	_X_ Men	_X_ Families	___ Other (Specify)

Carrier Sekani Family Services (Najeh Bayou)

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services		_X_ Other (Family Violence)

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

____Assessment	_X_ Alcohol & Other Drug Education	___ Case Management
_X_Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:

Haisla Support and Recovery Centre
P. O. Box 1018 Haisla Post Office
Kitamaat Village, British Columbia
V0T 2B0

Director: **Ms Marry Green**

Phone: **(250) 639-9817**
Fax: **(250) 639-9815**
Email: **mgreen@sno.net**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 10	Total Overall: 10

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No	Co-ed program
Females	___ Yes	_X_ No	Co-ed program

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate (on probation)
___ Youth	_X_ Men	___ Families	___ Other (Specify) ___

Haisla Support and Recovery Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Ktunaxa / Kinbasket Wellness Centre Society
R. R. 2, # 5A, Highway 21
Creston, British Columbia
V0B 1G2

Director: **Anne Jimmie**

Phone: **(250) 428-5516**
Fax: **(250) 428-5235**

Email: **kkwc@kootnay.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 12	Total Overall: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No	Co-ed
Females	___ Yes	_X_ No	Co-ed

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	_X_ Other (Co-ed)

Ktunaxa / Kinbasket Wellness Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient (Limited)
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
___ Physical Disability	___ Developmental Disability	_X_ Other (Specify): FAS/FAE

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Namgis Treatment Center
P. O. Box 290
Alert Bay, British Columbia
V0N 1A0

Director: **Mr. Ian Knipe**

Phone: **(250) 974-5522**
Fax: **(250) 974-2736**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 15	Total Overall: 15

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation (Kwak'wala)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
__ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Namgis Treatment Center

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	_X_ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	_X_ Developmental Disability (depends on severity)	___ Other (Specify)

DISABILITY NEEDS SERVICES

___ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Nenqayni Treatment Centre
P. O. Box 2529
Williams Lake, British Columbia
V2G 4P2

Executive Director: **Bruce Mack**
Managers: **Chuck Lucas**
Clinical Director: **Sharon Coflin**

Phone: **(250) 989-0301**
Fax: **(250) 989-0307**
Email: **Nenqayni@wlake.com**
Website: **(Under construction)**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 16	Total Overall: 16

SPECIFIC NUMBER OF BEDS FOR: **FOR FAMILIES**

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	___ 18 and over	_X_ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 5 weeks
_X_ Over 6 weeks	_X_ Other (Specify): Community-based Mobile outreach: length varies	

INTAKE FREQUENCY

___ Continuous	___ Daily	___ Weekly	___ Bi-weekly
___ Once per cycle	_X_ Fixed number **(every 7 weeks)**		

TYPE OF TREATMENT PROGRAM

___ Adult	___ Women	___ Couple	___ Inmate
___ Youth	___ Men	_X_ Families	___ Other (Specify)

Nenqayni Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	_X_ Other (Specify):- Community Outreach Mobile Treatment-Province wide - Clients must be alcohol free and clear of Drugs for 6 months prior to being accepted into the program	
_X_ Working weekly with a Counseller		

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	__ Other (Specify): * (Different levels of expertise)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Family Aftercare & Planning	_X_ Family Counselling
_X_ Family Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping (Data on computer data base)		___ Other (Specify)

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	_X_ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access (one suite)	_X_ Large Print Reading Material (Can produce on computers)

Treatment Centre:
Round Lake Treatment Centre
10 Treatment Centre Road
Armstrong, British Columbia
V0E 1B5

Director: **Mr. Wayne Christian**

Phone: **(250) 546-3077**
Fax: **(250) 546-3227**
Email: **rltc@roundlake.bc.ca**
Website: **www.roundlake.bc.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 16	Total Overall: 38	(22 provincially-funded beds)

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 19 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
_X_ Other (Specify)	(also have 3 week refresher and spousal programs)		

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate (limited to parol & probation)
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Round Lake Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
___ Intake Screening (referred)	___ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	___ Intake (by Referral)	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability (Assist)
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
North Wind Healing Centre (Treaty 8 Healing Centre)
1032 - 105 Avenue (Box 2480 Sation A)
Dawson Creek, British Columbia
V1G 2L4

Director: **Peter Many Eagles Cribb**

Phone: **(250) 782-3314**
Fax: **(250) 782-3431**
Email: **t8heal@pris.bc.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 10	Total Overall: 10

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations (In the process)

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) Couples taken initially as individuals (4 weeks), then as Couples (4 weeks)- total 8 weeks			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	__ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

North Wind Healing Centre (Treaty 8 Healing Centre)

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record	_X_ Other (Specify) Case conferences with Referral Agent before end program	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

___ Wheelchair Access	___ Literature in Braille	
_X_ Large Print Reading Material (Computer generated)		___ Other (Specify)

Treatment Centre:
Tsow-Tun Le Lum Treatment Centre
Box 370 - 699 Capilano Road
Lantzville, British Columbia
V0R 2H0

Director: **Mr. Charles McLaughlin**
Assistant: **Ms. Yvonne Rigsby-Jones**

Phone: **(250) 390-3123**
Fax: **(250) 390-3119**
Email: **ttlltcnc@home.com**
Website: **www.tsowtunlelum.org**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 19	Total Overall: 32

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation (Holkemino)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 19 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks	_X_ Other (5 weeks)

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle (every 3 weeks.

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify): Co-ed

Tsow-Tun Le Lum Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	_X_ Other (Specify) Special program for survivors of Trauma, residential Schools	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	___ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning (informally)	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Wilp Si' Satxw House of Purification
Box 429 Cedarvale - Kitwanga Road
Kitwanga, British Columbia
V0J 2A0

Director: **Mr. Arnie Shanoss**

Phone: **(250) 849-5211**
Fax: **(250) 849-5374**
Email: **wilpchc@kermode.net**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 19	Total Overall: 19

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

_Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
_X_ Other (Specify)	3 week program for Men & Women. Three 10 day program for youth. 6 week co-ed		

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	X Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	__ Couple	___ Inmate
_X_ Youth	_X_ Men	___ Families	_X_ Other (Elder Program)

Wilp Si' Satxw House of Purification

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	___ Prescription	___ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

___ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material (Computer generated)
___ Other (Specify)		

Solvent Abuse Treatment Centre:
Nenqayni Treatment Centre Society
Youth and Family Inhalant Program
P. O. Box 2529
Williams Lake, British Columbia
V2G 4P2

Executive Director: Bruce Mack

Phone: (250) 989-0301
Fax: (250) 989-0307

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) Funded:	10	+	2 beds for family members

SPECIFIC NUMBER OF BEDS FOR: NOT CO-ED

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation (Shuswap, Carrier, Chilcotin) _X_ English ___ French

TARGET GROUP

_X_ 13 - 17

TREATMENT CYCLE

_X_ 4 - 6 months ___ Other (Specify)

INTAKE FREQUENCY

__ Continuous _X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Youth _X_ Families (family members can attend last month of treatment) ___ Other (Specify)

Nenqayni Treatment Centre Society

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	_X_ Other (Specify): Alcohol and other drugs

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify)	Education: School On-site

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment (minor severity)	_X_ Hearing Impediment (minor severity)
_X_ Learning Disability (minor severity)	_X_ Physical Disability (minor severity)
_X_ Developmental Disability (minor severity)	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:

Beaver Lake Wah Pow Detox & Treatment Centre
Box 1648
Lac La Biche, Alberta
T0A 2C0

Director: **Doreen Lameman**
Asst: **Madeline Pruden**

Phone: **(780) 623-2553**
Fax: **(780) 623-4076**
Email:wahpowme@telusplanet.net
Website: www.beaverlake.centre.zip411.net

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 22	Total Overall: 22

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes - 11	___ No
Females	_X_ Yes - 11	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

_X_ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	___ Inmate
___ Youth	_X_ Men	_X_ Families	___ Other (Specify)

Beaver Lake Wah Pow Detox & Treatment Centre

SPECIAL SERVICES

_X_ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare (2 weeks)
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Materia
___ Other		

Treatment Centre:
Family Wellness Centre
Box 100
Hobbema, Alberta
T0C 1N0

Director: **Bruce Handley**

Phone: **(780) 585-2219**
Fax: **(780) 585-3621**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED:	Total Overall:	**Day Program Outpatient**

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No	**Day Program Outpatient**
Females	___ Yes	_X_ No	**Day Program Outpatient**

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	__ 17-18 and over	_X_ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 1 per week evening program for Youth			

INTAKE FREQUENCY

_X_ Daily	___ Weekly	___ Bi-weekly	__ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate(Probation)
_X_ Youth	_X_ Men	_X_ Families	___ Other (Specify)

Family Wellness Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription (is a problem)	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling (On staff)	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	___ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
_X_ Other (Specify) (Youth)		

Treatment Centre:
Kapown Treatment Centre
Box 40
Grouard, Alberta
T0G 1C0

Program Director: **Diane Halcrow**

Phone: **(780) 751-3921**
Fax: **(780) 751-3831**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 30	Total Overall: 30

SPECIFIC NUMBER OF BEDS FOR: **Co-Ed**

Males	_X_ Yes	___ No	**Co-Ed**
Females	_X_ Yes	___ No	**Co-Ed**

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 16 and under	**_X_ 16 and over**	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 - 12 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle	_X_ Continuous

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	___ Inmate
_X_ Youth (Over 16)	_X_ Men	___ Families	___ Other (Specify)

Kapown Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare (3 week follow-up)
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (Depends on Assessment)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material (Large Print AA Book)
___ Other (Specify)		

Treatment Centre:
Mark Amy Centre for Healing Addictions Ltd.
Box 5748
Fort McMurray, Alberta
T9H 4V9

Director: **Grayling Baldwin**

Phone: **(780) 334-2398**
Fax: **(780) 334-2352**
Email: **matc@telusplanet.net**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 10	Total Overall: 10

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree, Chipewyan)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate (Pending bedspace)
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Mark Amy Centre for Healing Addictions

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare (Some)
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify):	Anger Management, Grieving, STD, FAS, FAE Drinking and Driving Workshops

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	_X_ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access (Ground floor)	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
Stoney Adolescent Treatment Ranch
Box 1287
Cochrane, Alberta
T0L 0W0

Director: **A/D Bruce Labelle**

Phone: **(403) 932-5333**
Fax: **(403) 932-5336**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 12	Total Overall: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No	**In cycles**
Females	_X_ Yes	___ No	**In cycles**

LANGUAGES OFFERED

_X_ First Nation (Stoney available)	_X_ English	___ French

TARGET GROUP

_X_ 17 and under (14-17)	___ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

___ Adult	__ Women	___ Couple	___ Inmate
_X_ Youth	__ Men	___ Families	___ Other (Specify)

Stoney Adolescent Treatment Ranch

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	__ Follow-Up / Aftercare
_X_ Intake Screening	__ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	___ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	___ Lifeskills / Personal Development (planning for)
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
St. Paul's Treatment Centre
Box 179
Cardston, Alberta
T0K 0K0

Director: A/D Warren Goodstriker

Phone: (403) 737-3756
Toll Free Number: 888 -737-3757
Fax: (403) 737-2811

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 24	Total Overall: 24

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Blackfoot)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 5 weeks			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	___ Inmate
___ Youth	_X_ Men	__ Families	___ Other (Specify)

St. Paul's Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	_X_ Other (Residential School Survivors Program)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (not specifically)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development (limited)
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping		___ Other (Specify)

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	_X_ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Tsuu T'ina Nation Spirit Healing Lodge
3700 Anderson Road SW, Box 101
Calgary, Alberta
T2W 3C4

Director: **Mr. Rodney Big Crow**

Phone: **(403) 281-6866 / 6933**
Fax: **(403) 238-0995**
Email: **ttnsal@telusplanet.net**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 15	Total Overall: 15

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

_X_ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple (sometimes)	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Tsuu T'ina Nation Spirit Healing Lodge

SPECIAL SERVICES

___ Detoxification	___ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	___ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

___ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Solvent Abuse Treatment Centre:
White Swan Treatment Centres
Box 29
Kinuso, Alberta
T0G-1K0

Executive Director: Connie Forbister

Phone: (780) 473-8404
Fax: (780) 473-5573
Email: chacon@telusplanet.net

NUMBER OF INPATIENT BEDS (scheduled to Open August, 2000)

Medical Services Branch (MSB) Funded: 12 (In two Separate Centres)

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	___ No	(Undecided as yet)
Females	___ Yes	___ No	

LANGUAGES OFFERED

_X_ First Nation (cree)	_X_ English	___ French

TARGET GROUP

_X_ 12-17 (Possibly other age ranges)

TREATMENT CYCLE

_X_ 4 - 6 months	___ Other (Specify)

INTAKE FREQUENCY

_X_ Continuous	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Youth	_X_ Families (family programming will occur outside residence)	___ Other (Specify)

White Swan Treatment Centres

SPECIAL SERVICES

_X_ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	___ Other (Specify):

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify)	Education: School Close By

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	_X_ Hearing Impediment (minor severity)
_X_ Learning Disability (minor severity)	_X_ Physical Disability (minor severity)
_X_ Developmental Disability (minor severity)	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:	**Director:**	**Celene Sayazie**
Athabasca Alcohol and Drug Abuse Project	**Project Coordinator:**	**Martha Toutsaint**
Box 162		
Black Lake, Saskatchewan	**Phone:**	**(306) 284-2124**
S0J 0H0	**Fax:**	**(306) 284-2173**
Fond du Lac Office:	**Phone:**	**(306) 686-2077**
	Fax:	**(306) 686-2050**
Hatchet Lake Office:	**Phone:**	**(306) 633-2088**
	Fax:	**(306) 633-2013**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED:	Total Overall:	**OUTPATIENT**

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No	**OUTPATIENT**
Females	___ Yes	_X_ No	**OUTPATIENT**

LANGUAGES OFFERED

_X_ First Nation (Dené)	_X_ English	___ French

TARGET GROUP

___ 17 and under	___ 18 and over	_X_ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify)	2 months	(On going)	

INTAKE FREQUENCY

_X_ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate
_X_ Youth	_X_ Men	_X_ Families	___ Other (Specify)

Athabasca Alcohol and Drug Abuse Project

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Clear Water River Dene Nation
Box 5010
Clearwater River, Saskatchewan
S0M-3G8

Director: **Gordon Laliberte**

Phone: **(306) 822-2033**
Fax: **(306) 822-2750**
Email: **cvdntc@sk.sympatico.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 17	Total Overall: 17

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Dene)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 19 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_Other (Specify) 28 Days			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Clear Water River Dene

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (minimal)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Cree Nation Treatment Haven
Box 340
Canwood, Saskatchewan
S0J 0K0

Director: **Louis J. A. Van Loon**

Phone: **(306) 468-2072**
Fax: **(306) 468-2758**
Email: **cree.nations@sk.sympatico.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 20	Total Overall: 20

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 5 weeks			

INTAKE FREQUENCY

___ Daily	_X_ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Cree Nation Treatment Haven

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (some)	_X_ Other (Smoking, gambling, sexual addiction)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Ekweskeet Healing Lodge
Box 280
Onion Lake, Saskatchewan
S0M 2E0

Director: **Mr. Joe Waskewitch**

Phone: **(306) 344-2094 / 2380**
Fax: **(306) 344-4805**
Email: **ekweskeet@sympatico.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 7	Total Overall: 7

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 35 days			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate (On occasion)
___ Youth	_X_ Men	___ Families	_X_ Other (Specify): Summer Youth Camps

Ekweskeet Rehab Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling (Healing circles)	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability (Someone comes in-part of Wellness)
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Mistahey Musqua Treatment Centre
Box 404
Loon Lake, Saskatchewan
S0M 1V0

Director: **Dave King**

Phone: **(306) 837-2184**
Fax: **(306) 837-4414**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 5	Total Overall: 5

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	__ Inmate
_X_ Youth (On occasion)	_X_ Men	___ Families	___ Other (Specify)

Mistahey Musqua Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	__ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
New Dawn Valley Centre
Box 400
Fort Qu'appelle, Saskatchewan
S0G 1S0

Director: **Judie Birns**

Phone: **(306) 332-5637**
Fax: **(306) 332-4815**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 30	Total Overall: 30

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 17 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	__ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify)	21 days (core).		

INTAKE FREQUENCY

___ Daily	_X_ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

New Dawn Valley Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
___ Intake Screening (referral)	___ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (not primary addiction)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	___ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material (some)
_X_ Other (Specify) (use of tape recorder for learning)		

Treatment Centre:
Sakwatamo Lodge
Box 3917
Melfort, Saskatchewan
S0E 1A0

Director: **Joan Breland**

Phone: **(306) 864-3631**
(306) 864-3632
Fax: **(306) 864-2204**
Email: **sakwatamo@sk.sympatico.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 20	Total Overall: 20

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 17 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	_X_ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Sakwatamo Lodge

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	_X_ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Saulteaux Healing and Wellness Centre Inc.
Box 868
Kamsack, Saskatchewan
S0A 1S0

Director: **Sterling Brass**

Phone: **(306) 542-4110**
Fax: **(306) 542-3241**
Website: (under construction)

NUMBER OF INPATIENT BEDS

NNADAP FUNDED:	Total Overall:	**OUTPATIENT**

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No	**OUTPATIENT**
Females	___ Yes	_X_ No	**OUTPATIENT**

LANGUAGES OFFERED

_X_ First Nation (Saulteaux)	_X_ English	___ French

TARGET GROUP

___ 17 and under	___ 18 and over	_X_ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks

_X_ Other (Specify): On going program-STEP study, relapse prevention, after-care, any other programs that may be requested by the communities

INTAKE FREQUENCY

_X_ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate
_X_ Youth	_X_ Men	_X_ Families	___ Other (Specify)

Saulteaux Healing and Wellness Centre Inc.

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services		___ Other (Specify)

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse (not available for Adults)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	___ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Solvent Abuse Treatment Centre:
Eagle's Path Youth Solvent Abuse Centre
Box 1658
North Battleford, Saskatchewan
S9A 3W2

Director: **Patrice Kelly**

Phone: **(306) 937-3994**
Fax: **(306) 937-2993**
Email: **eagles.path@sk.sympatico.ca**
www.arriveat.com/EaglesPath

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) funded:	12

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

_X_ 10 - 16

TREATMENT CYCLE

_X_ 6 months

INTAKE FREQUENCY

_X_ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Youth	___ Families	___ Inmate	___ Other (Specify)

Eagle's Path Youth Solvent Abuse Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services		___ Other (Specify)

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	_X_ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability ___ Other (Specify)	_X_ Developmental Disability (depends on level) (if referred and can fit into a group setting)	

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material (some)
___ Other (Specify)		

Solvent Abuse Treatment Centre:
White Buffalo Youth Inhalant Treatment Centre
Box 2500
Prince Albert, Saskatchewan
S6V 7G3

Director: **Ms. Deborah Dell**

Phone: **(306) 764-5250**
Fax: **(306) 764-5255**
Email: **wbuffalo@sk.sympatico.ca**
Website: **www.3.sk.sympatico.ca/wbuffalo**

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) Funded: 10

SPECIFIC NUMBER OF BEDS FOR: By Cycle

Males	___ Yes	_X_ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree) _X_ English ___ French

TARGET GROUP

_X_ 12-17

TREATMENT CYCLE

_X_ Minimum 6 months ___ Other (Specify) Cycles Start in January and July

INTAKE FREQUENCY

_X_ Continuous ___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Youth ___ Families ___ Inmate ___ Other (Specify)

White Buffalo Youth Inhalant Treatment Centre

SPECIAL SERVICES

_X_ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	_X_ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	_X_ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Native Addiction Council of Manitoba
160 Salter Street (Pritchard House)
Winnipeg, Manitoba
R2W 4K1

Director: **Bertha Fontaine**

Phone: **(204) 586-8395**
Fax: **(204) 589-3921**
Email: **nacm@escape.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 20	Total Overall: 20

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No	First floor
Females	_X_ Yes	___ No	Second floor

LANGUAGES OFFERED

_X_ First Nation (Ojibway, Cree, Sioux (Dakota)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) Every Monday-Outpatient intake			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle (once per Month)

TYPE OF TREATMENT PROGRAM (not turn people away)

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate (not targeted)
_X_ Youth (not targeted)	_X_ Men	_X_ Families	___ Other (Specify)

Native Addiction Council of Manitoba

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	_X_ Other (Specify) Family intervention, day/evening treatment	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	_X_ Other (Specify) Gambling

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
_X_ Other (Specify) Language learning		

Treatment Centre:
Nelson House Medicine Lodge
Box 458
Nelson House, Manitoba
R0B 1A0

Director: **Ms. Theresa Yetman**

Phone: **(204) 484-2256**
Fax: **(204) 484-2016**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 21	Total Overall: 21

SPECIFIC NUMBER OF BEDS FOR:

Males	__ Yes	_X_ No
Females	__ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation(Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) - 17 weeks			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle	_X_ On demand and Availability

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Nelson House Medicine Lodge

SPECIAL SERVICES

___ Detoxification	___ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
___ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	___ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment (One Room)	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access (1st Floor)	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
Peguis Al-Care Treatment Centre
Box 69
Peguis, Manitoba
R0C 3J0

Director: **Ms. Jean Buck**

Phone: **(204) 645-2666**
Fax: **(204) 645-2216**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 20	Total Overall: 20

SPECIFIC NUMBER OF BEDS FOR:

Males	__ Yes	_X_ No
Females	__ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation(Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 42 days			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle (once in six weeks)

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Peguis Al-Care Treatment Centre

SPECIAL SERVICES

___ Detoxification	___ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	___ Prescription	_X_ Hallucinogens
_X_ Narcotics(minimal)	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	___ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify) Personal Recovery plans	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify) Limited as only one staff on duty on weekends, clients have to get around on their own		

Solvent Abuse Treatment Centre:
Whiskey Jack Treatment Centre
336 Thompson Drive
Thompson, Manitoba
R8N 0C4

Director: **Steven Clarke**

Phone: **(204) 778-5120**
Fax: **(204)778-5131**
Email: **whiskyjack@digistar.mb.ca**
Website: **www.whiskyjack.mb.ca**

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) Funded: 12

SPECIFIC NUMBER OF BEDS FOR:

Males ___ Yes _X_ No

Females ___ Yes _X_ No

LANGUAGES OFFERED

_X_ First Nation (Cree, Ojibway) _X_ English ___ French

TARGET GROUP

_X_ 8-17

TREATMENT CYCLE

_X_ Minimum 6 months ___ Other (Specify)

INTAKE FREQUENCY

_X_ Continuous ___ Once per cycle ___ Other (Please Specify)

TYPE OF TREATMENT PROGRAM

_X_ Youth ___ Families (Family Therapy) ___ Inmate ___ Other (Specify)

Whiskey Jack Treatment Centre

SPECIAL SERVICES

_X_ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify): Anger Management	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
___ Physical Disability	_X_ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Anishnabie Naadmaagi Gamig Substance
Abuse Treatment Centre
P. O. Box 568
Blind River, Ontario
P0R 1B0

Executive Director: Janice Thibodeau

Phone: (705) 356-1681
Fax: (705) 356-1684

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 10	Total Overall: 16

SPECIFIC NUMBER OF BEDS FOR:

Males	__ Yes	_X_ No
Females	__ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation (Ojibway)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	__ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Anishnabie Naadmaagi Gamig Substance Abuse Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare (some)
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals (periodically)	_X_ Cultural Activities	___ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Life skills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability (One room)	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
Dilico Ojibwa Treatment Centre
100 Anemki Drive, Suite 201
Thunder Bay, Ontario
P7J 1A5

Director: **Jerry Woods**
Unit Supervisor: **Judy Cameron**

Phone: **(807) 623-7963**
Fax: **(807) 623-2810**

Integrated Community Treatment

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 20	Total Overall: 20

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes - 10	___ No
Females	_X_ Yes - 10	___ No

LANGUAGES OFFERED

_X_ First Nation (Ojibawa, Ojicree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 5 weeks			

INTAKE FREQUENCY

___ Daily	_X_ Weekly	___ Bi-weekly	___ Once per cycle	__ Other

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate
___ Youth	_X_ Men	___ Families	_X_ Other (Specify) family healing

Dilico Ojibwa Treatment Centre

SPECIAL SERVICES

___ Detoxification	___ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (On request)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record	_X_ Other (Specify) Youth mobile treatment - 2 week training peer counselling	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment (depends on severity)	_X_ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Migisi Alcohol and Drug Abuse Treatment Centre
Anishinabe of Wauzhushk Onigum Nation
P. O. Box 1340
Kenora, Ontario
P9N 3X7

Director: **Ms. Irene Lavand**

Phone: **(807) 548-5959 (Intake)**
(807) 548-5545 (Administrative)
Fax: **(807) 548-2084**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 14	Total Overall: 14

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Ojibway)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 19 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Migisi Alcohol and Drug Abuse Treatment Centre
Anishinabe of Wauzhushk Onigum Nation

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability (Some what)	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access (Some what)	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
Native Horizons Treatment Centre
R. R. #1, Site 3A, Box 6
Hagersville, Ontario
N0A 1H0

Director: **Ms. Wanda Smith-Turner**

Phone: **(905) 768-5144**
Fax: **(905) 768-5564**
Toll Free: **1-877-330-8467**
Email: **nhtc@sympatico.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 15	Total Overall: 15

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	__ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Native Horizons Treatment Centre

SPECIAL SERVICES

___ Detoxification	___ Dual Addictions	_X_ Follow-Up / Aftercare (minimal)
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services (If required)
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment (depends on severity)	_X_ Hearing Impediment (depends on severity)
_X_ Learning Disability (depends on severity)	_X_ Physical Disability
___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Ngwaagan Gamig Recovery Centre Inc.
P. O. Box 81, 56 Pitawanakat
Wikwemikong, Ontario
P0P 2J0

Director: **Mr. Donald Trudeau**

Phone: **(705) 859-2324**
Fax: **(705) 859-2325**
Web site: **www.msdcorp.com/rainbowlodge**
Email: **rainbowl@msdcorp.com**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 8	Total Overall: 8

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Ojibway)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate
___ Youth	_X_ Men	_X_ Families	___ Other (Specify)

Ngwaagan Gamig Recovery Centre Inc.

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription (limited)	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping		___ Other (Specify)

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material (limited)
___ Other (Specify)		

Treatment Centre:
Oh Shki Be Ma Te Ze Win Inc.
P. O. Box 820
Fort Frances, Ontario
P9A 3M3

Director: **Mr. Rudy Morriseau**

Phone: **(807) 274-8438**
Fax: **(807) 274-7753**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED:	Total Overall:	**OUTPATIENT**

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	___ No	**OUTPATIENT**
Females	___ Yes	___ No	**OUTPATIENT**

LANGUAGES OFFERED

_X_ First Nation (Ojibway)	_X_ English	___ French

TARGET GROUP

___ 17 and under	___ 18 and over	_X_ No age limitations (Program specific for Youth, Adults)

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 8 weeks			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	__ Couple	___ Inmate
_X_ Youth	_X_ Men	___ Families	___ Other (Specify)

Oh Shki Be Ma Te Ze Win Incorporated

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription (in consultation with professionals)	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development (Holistic Approach)
_X_ Orientation	___ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability (Limited)
_X_ Physical Disability (Depends on Community)	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

___ Wheelchair Access (Depends on Community)	___ Literature in Braille
_X_ Large Print Reading Material (Can enlarge)	___ Other (Specify)

Treatment Centre:
Pedahbun Lodge Incorporated
1330 King Street West
Toronto, Ontario
M6K 1H1

Director: **Ms. Ivy Chaske**

Phone: **(416) 531-0774**
Fax: **(416) 531-6936**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 18	Total Overall: 18

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes - 12	___ No
Females	_X_ Yes - 6	___ No

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 16 week			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle	_X_ Continuous

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Pedahbun Lodge Incorporated

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

___ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Reverend Tommy Beardy Memorial &
Wee Che. He Wayo Gamik Family
Treatment Centre
General Delivery
Muskrat Dam, Ontario P0V 3B0

Treatment Director: Chris Morris

Phone: **(807) 471-2554**
Fax: **(807) 471-2510**

Email: (under construction)

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 15	Total Overall: 15

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No	**Family Treatment**
Females	_X_ Yes	___ No	**Family Treatment**

LANGUAGES OFFERED

_X_ First Nation (Oji-Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	___ 18 and over	_X_ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

___ Adult	___ Women	___ Couple	___ Inmate
___ Youth	___ Men	_X_ Families	___ Other (Specify)

Reverend Tommy Beardy Memorial & Wee Che. He Wayo Aamik Family Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals (if with agency)	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling)	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping (Data on computer data base)	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Sagashtawao Healing Lodge
P. O. Box 492
Moosonee, Ontario
P0L 1Y0

Director: **Mr. Laurence Jeffries**
Treatment Director: **Ms. Marline Etherington**

Phone: **(705) 336-3450**
Fax: **(705) 336-3452**
Email: **shladmin@onlink.net**
Website:(under construction)

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 12	Total Overall: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Cree)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify)	5 and half weeks and 2- 2 weeks relapse cycles per year		

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	__ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Sagashtawao Healing Lodge

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	___ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	___ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Solvent Abuse Treatment Centre:
Nimkee Nupi Gawagan Healing Centre
R. R. #1
Muncey, Ontario
N0L 1Y0

Director: **Ms. Carol Hopkins**

Phone: **(519) 264-2277**
Toll Free: **888-685-9862**
Fax: **(519) 264-1552**
Email: **nimkee@netrover.com**

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) Funded: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No	
Females	_X_ Yes	___ No	(By Cycles)

LANGUAGES OFFERED

_X_ First Nation (Ojibway, Cree) _X_ English ___ French

TARGET GROUP

_X_ 12-15

TREATMENT CYCLE

_X_ Minimum 6 months ___ Other (Specify)

INTAKE FREQUENCY

___ Continuous ___ Once per cycle _X_ Other (male- July, female-January)

TYPE OF TREATMENT PROGRAM

_X_ Youth _X_ Families ___ Inmate _X_ Outpatient, Day Treatment
Cultural Based

Nimkee Nupi Gawagan Healing Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	_X_ Other (Day Treatment)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment (Minor Severity)	___ Hearing Impediment	_X_ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material (can develop)
___ Other (Specify)		

Solvent Abuse Treatment Centre:
Ka-Na-Chi-Hih Solvent Abuse Treatment Centre
580 North Algoma Street, Box 2930
Thunder Bay, Ontario
P7B 5G4

Director: **Vincent Simon**
Treatment Manager: **Alice Sabourin**

Phone: **(807) 346-1670**
Fax: **(807) 346-1671**
Email: **vsimon@kanachihih.net**
Website: **www.kanachihih.ca**

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) Funded: 12

SPECIFIC NUMBER OF BEDS FOR:

Males _X_ Yes 12+ ___ No

Females ___ Yes ___ No

LANGUAGES OFFERED

_X_ First Nation (Oji-Cree, Ojibway, Cree) _X_ English ___ French

TARGET GROUP

_X_ 16-25 (Canadian First Nation Communities)

TREATMENT CYCLE

___ Minimum 6 months _X_ Other (Specify) 2 years

INTAKE FREQUENCY

_X_ Continuous ___ Once per cycle ___ Other (Please Specify)

TYPE OF TREATMENT PROGRAM

_X_ Youth _X_ Families (Family Counciling - Short period of time) ___ Other (Specify)

Ka-Na-Chi-Hih Solvent Abuse Treatment Centre

SPECIAL SERVICES

_X_ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education (Secondary)	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities (Traditional)	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	_X_ Hearing Impediment	_X_ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Centre de réadaptation Kauauitshi Akanit (Malioténam)
C. P. 389
Moisie, Québec
G0G 2B0

Director: **Delvina Gopeau**

Phone: **(418) 927-2254**
Fax: **(418) 927-2262**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 12	Total Overall: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Innu)	___ English	_X_ French

TARGET GROUP

_X_ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

_X_ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Centre de réadaptation de Malioténam

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare (Limited)
_X_ Intake Screening	_X_ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	___ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
___ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy (Limited)	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access (Limited)	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Centre de réadaptation Wapan
C. P. 428
La Tuque, Quebec
G9X 3P3

Director: **Fred Kistabish**

Phone: **(819) 523-7641 / 7642**
Fax: **(819) 523-7513**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 12	Total Overall: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

___ First Nation	___ English	_X_ French (French Materials)

TARGET GROUP

___ Under 17	_X_ 17 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	_X_ Other (fourth and fifth step)

Centre de réadaptation Wapan

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	___ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
___ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	___ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Mawiomi Treatment Services
P. O. Box 1068
Maria, Quebec
G0C 1Y0

Director: **Mary Bradstreet**

Phone: **(418) 759-3522**
Fax: **(418) 759-3048**
Email: **mawiomi@globetrotter.net**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 7	Total Overall: 7

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Miigmaq)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 5 weeks			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	___ Inmate (Residential)
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Mawiomi Treatment Services

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
Onen'to: Kon Treatment Services
380 St. Michel
Kanehsatake, Québec
J0N 1E0

A/Director: **Ms. Gabrielle Tomlinson**

Phone: **(450) 479-8353**
Fax: **(450) 479-1034**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 16	Total Overall: 16

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No	**Co-ed**
Females	_X_ Yes	___ No	**Co-ed**

LANGUAGES OFFERED

_X_ First Nation (Mohawk)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	___ Once per cycle	_X_ Other (Specify) every 3 weeks

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Onen'to: Kon Treatment Services

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening (with Out Reach)	_X_ Interpretation Services	_X_ Outpatient Services (2offices)
_X_ Walk-in & Crisis Services (at Out Reach)		___ Other (Specify)

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
Wanaki Center
P. O. Box 37
Maniwaki, Québec
J9E 3B3

Director: **Mr. Patrick Dumont**

Phone: **(819) 449-7000**
Fax: **(819) 449-7832**
Email: **wanaki@IRESEAU.COM**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 11	Total Overall: 11

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Algonquin at times)	_X_ English	_X_ French

TARGET GROUP

___ 17 and under	_X_ 18 and over (17 with consent)	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) **5 weeks**			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	_X_ Couple	_X_ Inmate (few mandatory clients)
___ Youth	_X_ Men	_X_ Families (sessions only)	___ Other (Specify)

Wanaki Center

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
___ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals (On need-at times)	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning (Limited)	___ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	_X_ Learning Disability (to a degree)
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Solvent Abuse Treatment Centre:
Walgwan Centre - First Nations Youth Rehabilitation Centre
Box 1009
Gesgapegiag, Quebec
G0C 1Y0

Director: **Ms. Josée Quesnel**

Phone: **(418) 759-3006**
Fax: **(418) 759-3064**

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) Funded: 12

SPECIFIC NUMBER OF BEDS FOR: Open

Males	___ Yes	_X_ No
Females	___ Yes	_X_ No

LANGUAGES OFFERED

_X_ First Nation (Mic Mac) _X_ English _X_ French

TARGET GROUP

_X_ 12-17

TREATMENT CYCLE

___ Minimum 6 months _X_ Other (Specify) Three to six months, with possible extension with proper approval from referral agency

INTAKE FREQUENCY

_X_ Continuous ___ Once per cycle ___ Other (Please Specify)

TYPE OF TREATMENT PROGRAM

_X_ Youth _X_ Families Services (at the end of youth treatment) ___ Inmate ___ Other (Specify)

First Nations Youth Rehabilitation Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outreach Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	_X_ Other (Specify) and other solvent drugs

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	_X_ Learning Difficulties
_X_ Physical Disability	_X_ Developmental Difficulties	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Eagle's Nest Recovery House
Box 263
Shubenacadie, Nova Scotia
B0N 2H0

Director: **Mr. Bernard Knockwood**

Phone: **(902) 758-4277**
Fax: **(902) 758-4229**
Email: **nest@istar.ca**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 7	Total Overall: 7

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes - 5	___ No
Females	_X_ Yes - 2	___ No

LANGUAGES OFFERED

_X_ First Nation (Mikmaq)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 17 and over	___ No age limitations	

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify)	5 week cycle to long term 10 weeks, 6 week Prescription drug misuse program (only offered twice a year)		

INTAKE FREQUENCY

___ Daily	___ Weekly	_X_ Staggered	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate (one/cycle if not convicted of serious crime)
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Eagle's Nest Recovery House

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (referred)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	_X_ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___Literature in Braille	_X_ Large Print Reading Material (available)
___ Other (Specify)		

Treatment Centre:
Kingsclear First Nation Outpatient Program
77 French Village Road
Kingsclear First Nation, New Brunswick
E3E 1K3

Director: **Elizabeth Sacobie**

Phone: **(506) 363-4005**
Fax: **(506) 363-4042**

NUMBER OF INPATIENT BEDS **OUT PATIENT**

NNADAP FUNDED: 0	Total Overall: 0

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No	**Out Patient**
Females	___ Yes	_X_ No	**Out Patient**

LANGUAGES OFFERED

___ First Nation	_X_ English	___ French

TARGET GROUP

___ 17 and under	___ 18 and over	_X_ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Kingsclear First Nation Out Patient Program

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	_X_ Other (Specify)	Suicide prevention, family intervention

TREATMENT FOR SUBSTANCES

_X_ Alcohol	___ Prescription	_X_ Hallucinogens
___ Narcotics	_X_ Solvent Abuse (Trained in)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Lone Eagle Long Term Treatment Centre
491 Graham Rd
Big Cove, New Brunswick
E4W-2T8

Director: **Mr. Brian Augustine**

Phone: **(506) 523-8244 / 8243**
Fax: **(506) 523-8242**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 6	Total Overall: 6

SPECIFIC NUMBER OF BEDS FOR: (Co-ed)

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Mikmaq)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 5 week cycle			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
_X_ Youth (Summer Youth Program)	_X_ Men	___ Families	___ Other (Specify)

Lone Eagle Long Term Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy (Some)	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Mi'kmaw Lodge Treatment Centre
70 Gabriel Street
Eskasoni, Cape Breton
Nova Scotia
B0A 1J0

Executive Director: Joe Denny

Phone: **(902) 379-2262 / 2267 / 2152**
Fax: **(902) 379-2702 / 2412**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 15	Total Overall: 15	(coed: 14 Double, 1 Private)

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Mikmac)	_X_ English	___ French

TARGET GROUP

___ 17 and under	___ 18 and over	_X_ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	_X_ 6 weeks	___ Over 6 weeks
_X_ Other (Specify)	3 week relapse program. and 4 week program for Adolescents (2 weeks male 2weeks female		

INTAKE FREQUENCY

_X_ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate (1 per cycle)
_X_ Youth	_X_ Men	___ Families	___ Other (Specify)

Mi'kmaw Treatment Centre

SPECIAL SERVICES

___ Detoxification	___ Dual Addictions (prevention)	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	___ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse (presentation material)	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify): Anger Management	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

_X_ Visual Impairment	_X_ Hearing Impediment	_X_ Learning Disability
___ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Rising Sun Rehabilitation Treatment Centre
31 Riverview Road West
Eel Ground, New Brunswick
E1V 4G2

Director: **Ms. Joyce Paul**

Phone: **(506) 627-4626**
Fax: **(506) 627-4627**
Email: **egrs@nbnet.nb.ca**
Web Site: **www.miramichi.net/risingsun**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 10	Total Overall: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No	**(Co-ed)**
Females	_X_ Yes	___ No	**(Co-ed)**

LANGUAGES OFFERED

_X_ First Nation (Mikmaq)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	___ 4 weeks	___ 6 weeks	___ Over 6 weeks
_X_ Other (Specify) 5 weeks			

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	_X_ Inmate (early release)
___ Youth	_X_ Men	___ Families	___ Other (Specify)

Rising Sun Rehabilitation Program

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare(local residences)
_X_ Intake Screening	___ Interpretation Services	___ Outpatient Services
___ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	___ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management (on occasion)
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	___ Intake	_X_ Lifeskills / Personal Development
___ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify) Stress reduction, Parenting (30 hours) Medicine Wheel teaching, Reality Therapy	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Materia
___ Other (Specify)		

Treatment Centre:
Saputjivik (Care Centre)
Labrador Inuit Health Commission
P. O. Box 234
North West River, Labrador
A0P 1M0

Addictions Director: Tanya Butt

Team Leader: Carolyn Michelin

Phone: **(709) 497-8509 / 8514**
Fax: **(709) 497-8311**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 12	Total Overall: 12

SPECIFIC NUMBER OF BEDS FOR: Co-Ed

Males	_X_ Yes	___ No	**Co-Ed**
Females	_X_ Yes	___ No	**Co-Ed**

LANGUAGES OFFERED

_X_ First Nation (Inuktitut) _X_ English ___ French

TARGET GROUP

___ 17 and under _X_ 18 and over ___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks ___ 4 weeks _X_ 6 weeks ___ Over 6 weeks

_X_ Other (Specify) May vary depending on client need

INTAKE FREQUENCY

___ Daily ___ Weekly ___ Bi-weekly _X_ Once per cycle _X_ Continuous

TYPE OF TREATMENT PROGRAM

_X_ Adult _X_ Women ___ Couple _X_ Inmate (Agreement with Corrections)

_X_ Youth (With Parental Consent) _X_ Men _X_ Families (Planning on-going) ___ Other (Specify)

Saputjivik (Care Centre) Labrador Inuit Health Commission

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare	_X_ Intake Screening
_X_ Interpretation Services	_X_ Outpatient Services (provided by Labrador Health Commission)		
___ Walk-in & Crisis Services	_X_ Other (Specify) 7 Offices in 7 communities		

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify)		

Treatment Centre:
Tobique Alcohol and Drug Treatment Centre (Tobique Rehab)
23 Rehab Road
Tobique First Nation, New Brunswick
E7H 1C6

Director: **Mr. Vincent Nicholas**

Phone: **(506) 273-5403 / 5422**
Fax: **(506) 273-4286**

NUMBER OF INPATIENT BEDS

NNADAP FUNDED: 3.5	Total Overall: 4

SPECIFIC NUMBER OF BEDS FOR:

Males	_X_ Yes	___ No
Females	_X_ Yes	___ No

LANGUAGES OFFERED

_X_ First Nation (Micmaq, Maliseet)	_X_ English	___ French

TARGET GROUP

___ 17 and under	_X_ 18 and over	___ No age limitations

TREATMENT CYCLE

___ Under 4 weeks	_X_ 4 weeks	___ 6 weeks	___ Over 6 weeks
___ Other (Specify)	possibility of extensions		

INTAKE FREQUENCY

___ Daily	___ Weekly	___ Bi-weekly	_X_ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Adult	_X_ Women	___ Couple	___ Inmate
_X_ Youth (On occasion)	_X_ Men	___ Families	___ Other (Specify)

Tobique Alcohol and Drug Treatment Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	___ Interpretation Services	_X_ Outpatient Services
_X_ Walk-in & Crisis Services	___ Other (Specify)	

TREATMENT FOR SUBSTANCES

_X_ Alcohol	_X_ Prescription	_X_ Hallucinogens
_X_ Narcotics	_X_ Solvent Abuse	___ Other (Specify)

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	___ Other (Specify)	

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment	___ Learning Disability
_X_ Physical Disability	___ Developmental Disability	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	___ Large Print Reading Material
___ Other (Specify		

Solvent Abuse Treatment Centre:
Charles J. Andrew Restoration Centre
P.O. Box 109
Sheshatshiu, Labrador
A0P-1M0

Executive Director: Lynn Gregory

Phone: (709) 497-8995
Fax: (709) 497-8993
Email: lyng@nf.aibn.com

**** Official Opening April , 2000**

NUMBER OF INPATIENT BEDS

Medical Services Branch (MSB) Funded: 12

SPECIFIC NUMBER OF BEDS FOR:

Males	___ Yes	_X_ No	Co Ed
Females	___ Yes	_X_ No	Co Ed

LANGUAGES OFFERED

_X_ First Nation (Innueimun)	_X_ English	___ French

TARGET GROUP

_X_ 13 - 17

TREATMENT CYCLE

_X_ 4 - 6 months	___ Other (Specify)

INTAKE FREQUENCY

_X_ Continuous	___ Once per cycle

TYPE OF TREATMENT PROGRAM

_X_ Youth	_X_ Families (family involvment will be added))	___ Other (Specify)

Charles J. Andrew Restoration Centre

SPECIAL SERVICES

___ Detoxification	_X_ Dual Addictions	_X_ Follow-Up / Aftercare
_X_ Intake Screening	_X_ Interpretation Services	_X_ Outpatient Services
___ Walk-in & Crisis Services	_X_ Other (Specify)(Land Based Treatment Cycles)	

TREATMENT FOR SUBSTANCES

_X_ Solvent Abuse	_X_ Other (Specify): Alcohol and other drugs

TREATMENT COMPONENTS

_X_ Assessment	_X_ Alcohol & Other Drug Education	_X_ Case Management
_X_ Consultation with Professionals	_X_ Cultural Activities	_X_ Crisis Intervention
_X_ Group Counselling	_X_ Individual Aftercare & Planning	_X_ Individual Counselling
_X_ Individual Treatment Planning	_X_ Intake	_X_ Lifeskills / Personal Development
_X_ Orientation	_X_ Recreation Therapy	_X_ Referral
_X_ Reports and Record Keeping	_X_ Other (Specify)	Education: School On-site

IMPAIRMENTS THE CENTRE CAN ACCOMMODATE

___ Visual Impairment	___ Hearing Impediment (minor severity)
_X_ Learning Disability (minor severity)	_X_ Physical Disability (minor severity)
_X_ Developmental Disability (minor severity)	___ Other (Specify)

DISABILITY NEEDS SERVICES

_X_ Wheelchair Access	___ Literature in Braille	_X_ Large Print Reading Material
___ Other (Specify)		

EMAIL LIST

British Columbia:

Haisla Support and Recovery Centre	mgreen@sno.net
Ktunaxa / Kinbasket Wellness Centre Society	kkwc@kootnay.ca